|                                       | PATENT   | APPLICATIO                                    | Application or Docket Number  RD 09946 422 |                            |              |                    |                     |                      |            |                                       |                        |
|---------------------------------------|--|---|--|----------------------------|--------------|--------------------|---------------------|----------------------|------------|---------------------------------------|------------------------|
| _                                     |  |   | ctive Octol                                |                            |              |                    |                     | 0 /                  | 77         | 04                                    |                        |
|                                       |  |   |  |                            |              | lumn 2)            | SMALL<br>TYPE       | L ENTITY             | OF         |                                       | R THAN<br>LENTITY      |
| TOTAL CLAIMS                          |  |   | 5  |                            |              |                    | RATE                | E FE                 | Ē          | RATE                                  | FEE                    |
| FC                                    | )R   |   | NUMBER                                     | NUMBER FILED               |              | IBER EXTRA         | BASIC               | FEE 355.             | 00 OI      | BASIC FEE                             | <del></del>            |
| -                                     |  | ABLE CLAIMS                                   | € mi                                       | minus 20=                  |              | 0                  | X\$ 9               | =                    | OF         | 7/2.2                                 |                        |
| INDEPENDENT CLAIMS                    |  |   | 14   | <b>3</b> - minus 3 =       |              | )                  | X40=                |                      | OF         | Vác                                   | 1                      |
| MU                                    | ILTIPLE DEPE   | NDENT CLAIM P                                 | RESENT                                     | RESENT                     |              |                    |                     |                      |            | `                                     | <del> </del>           |
| • If                                  | the difference   | e in column 1 is                              | less than z                                | ero, enter                 | r "0" in     | column 2           | +135                |                      | OF         | <u> </u>                              |                        |
|                                       |  |   |  |                            |              | - DOIGH            | TOTA                | L                    | OR         |                                       | 110                    |
|                                       |  | CLAIMS AS A<br>(Column 1)                     | MENDE                                      | D - PAR'<br>(Colun         |              | (Column 3)         | SMAL                | L ENTIT              | Y OR       |                                       | RTHAN                  |
| A                                     |  | CLAIMS<br>REMAINING                           |  | HIGH                       | EST          |                    |                     | ADD                  |            | SWALL                                 | ADDI-                  |
| AMENDMENT A                           |  | AFTER<br>AMENDMENT                            |  | PREVIO<br>PAID F           | OUSLY<br>FOR | PRESENT<br>EXTRA   | RATE                |                      | AL         | RATE                                  | TIONAL                 |
| ENDI                                  | Total  | 1.3   | Minus                                      | Ju                         |              | =                  | X\$ 9=              |                      | OR         | X\$18=                                |                        |
| ¥                                     | Independent • / Independent • / Independent • / Independent • / Independent • Independ |   | Minus                                      |                            |              | -                  | X40=                |                      | OR         | X80=                                  |                        |
| _                                     | FIRST FRESE  | JLIIPLE DE                                    | DEPENDENT CLAIM                            |                            |              | +135=              | +                   |                      |            |                                       |                        |
|                                       |  |   |  |                            |              |                    | +135=<br>TOTA       |                      | OR         | TOTAL                                 | <u> </u>               |
|                                       |  | (Calumn 1)                                    |  | 10 alian                   | 21           | 4. 4               | ADDIT. FE           | _                    | OR         | ADDIT. FEE                            |                        |
|                                       |  | (Column 1)<br>CLAIMS                          |  | (Colum<br>HIGHE            | EST          | (Column 3)         |                     | 1.00                 | _          | -                                     |                        |
| AMENDMENT B                           |  | REMAINING<br>AFTER<br>AMENDMENT               |  | NUMB<br>PREVIOU<br>PAID F  | USLY         | PRESENT<br>EXTRA   | RATE                | ADDI<br>TIONA<br>FEE |            | RATE                                  | ADDI-<br>TIONAL<br>FEE |
| <u> </u>                              | Total  | •   | Minus                                      | **                         |              | =                  | X\$ 9=              |                      | OR         | X\$18=                                |                        |
|                                       | Independent  | •   | Minus                                      | ***                        |              | =                  | X40=                |                      | 7 ]        | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                        |
|                                       | FIRST PRESE  | NTATION OF MU                                 | LTIPLE DEP                                 | 'ENDENT                    | CLAIM        |                    | 740-                | +                    | OR         | X80=                                  | <b> </b>               |
|                                       |  |   |  |                            |              |                    | +135=               |                      | OR         | +270=                                 | i l                    |
|                                       | •  |   | - ·  |                            |              |                    | TOTAL<br>ADDIT. FEE |                      | OR         | TOTAL<br>ADDIT. FEE                   |                        |
|                                       |  | (Column 1)                                    |  | (Columi                    |              | (Column 3)         |                     | -                    | -          | ADD:                                  |                        |
|                                       |  | CLAIMS REMAINING AFTER AMENDMENT              |  | HIGHE:<br>NUMBE<br>PREVIOU | ER<br>USLY   | PRESENT<br>EXTRA   | RATE                | ADDI-<br>TIONAL      |            | RATE                                  | ADDI-<br>TIONAL        |
|                                       | Total  | AMENDMENT                                     | Minus                                      | PAID FO                    | OR           | _                  | <del> </del>        | FEE                  | 4 1        |                                       | FEE                    |
| . 1-                                  | Independent  | 2010  | Minus                                      | •••                        | -127         | _                  | X\$ 9=              | <u> </u>             | OR         | X\$18=                                |                        |
| ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | 1  | NTATION OF MUI                                |  |                            | CLAIM        |                    | X40=                |                      | OR         | X80=                                  |                        |
|                                       |  |   |  | ····                       |              |                    | +135=               |                      | OR         | +270=                                 |                        |
| 11.1                                  | the Highest Nurr   | mn 1 is less than the<br>mber Previously Paid | id For" IN THIS                            | S SPACE is le              | less than    | 20 enter "20 "     | TOTAL               |                      | -  L       | TOTAL                                 |                        |
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| ••                                    | io i ngricor rucci.  | ber Previously Paid                           | POr (IUdaiuii                              | independent                | () IS trie i | highest number tou | and in the ap       | propriate b          | ox in colu | <i>u</i> mn 1.                        | I                      |